POSITION DESCRIPTION (Please Read Instructions on the Back)										Agency Position No.		
2. Reason for Submission 3. Service [] Redescription [] New [] Hdqtrs. [X] Field			4. Employing Office Location 7. Fair Labor Standards Act [] Exempt [] Nonexempt 10. Position Status [X] Competitive			Duty Station Required Executive Personnel [] Employment and Financial Disclosure Financial Interests				OPM Certification No. Subject to IA Action [] Yes [] No		
[] Reestablishment [] Other Explanation (Show any position												
	[] Supervisory					12. Sensitivity [] 1-Non-Sensitive		13. Competitive Level Code				
		d (Specify in Rema en.) [] SES (CR)		i) [] Managerial [] Neither		 [] 2-Non-critical Sensitive [] 3-Critical [] 4. Special Sensitive [] 5. Moderate Risk [] 6. High Risk 			14. Agency Use			
15. Classified/Graded by Official Titl				tle of Position			Occupa	tional Code	Grade	Initials	Date	
a. U.S. Office of Personnel Management Full Performance Level GS-												
b. Department, Agency or Establishment												
c. Second Level Review												
d. First Level Review												
Recommended by Supervisor or Initiating Office												
16. Organizational Title of Position						17. Name of Employee (if vacant, specify)						
18. Department, Agency or Establishment Department of the Interior					c. Third Subdivision							
a. First Subdivision U.S Fish and Wildlife Service					d. Fourth Subdivision							
b. Second Subdivision Region						e. Fifth Subdivision						
19. Employee ReviewThis is an accurate description of the major duties and responsibilities of my position						Signature of Employee (optional)						
20. Supervisory Certification . I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the						knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.						
a. Typed Name and Title of Immediate Supervisor					b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)							
Signature				Date	Signature Da						Date	
21. Classification/Job Gradir classified/graded as required by by the U.S. Office of Personne consistently with the most appl	by Title 5, U.S. C I Management o licable published	ode, in conform r, if no publishe I standards.	ance with s	tandards published		on Classif	ication Sta	ndards Usec	l in Classifyii	ng/Grading	Position	
Type Name and Title of Of	iiciai Taking A	ction			Information	for Employe	es. The stand	ards, and inform	ation on their ap	plication, are a	vailable in the	
						personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S.Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S.Office of Personnel Management.						
23. Position Review	Initials	Date	Initials	Date	Initials		Date	Initials	Date	Initials	Date	
a Employee (optional)												
b. Supervisor												
c. Classifier												
24. Remarks												

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25. Description of Major Duties and Responsibilities (See Attached)